

PREVAILED

Roll Call No. \_\_\_\_\_

FAILED

Ayes \_\_\_\_\_

WITHDRAWN

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that Engrossed Senate Bill 359 be amended to read as follows:

- 1 Page 2, between lines 7 and 8, begin a new paragraph and insert:
- 2 "SECTION 2. [EFFECTIVE UPON PASSAGE] (a) **As used in this**
- 3 **SECTION, "provider of Medicaid waiver services" means either**
- 4 **of the following:**
- 5 (1) **An organization providing Medicaid waiver services to**
- 6 **developmentally disabled individuals that after December 31,**
- 7 **1997, acquired or merged with another organization providing**
- 8 **Medicaid waiver services to developmentally disabled**
- 9 **individuals.**
- 10 (2) **An organization providing Medicaid waiver services to**
- 11 **developmentally disabled individuals that after December 31,**
- 12 **1997, was acquired by or merged with another organization**
- 13 **providing Medicaid waiver services to developmentally**
- 14 **disabled individuals.**
- 15 (b) **Notwithstanding 405 IAC 1-1-3(b), Chapter 10, Section 5 of**
- 16 **the Indiana Health Coverage Programs Provider Manual, or any**
- 17 **other statute, rule, or policy, the office of Medicaid policy and**
- 18 **planning established by IC 12-8-6-1 shall waive the time limits for**
- 19 **resubmission of a claim:**
- 20 (1) **that was submitted by a provider of Medicaid waiver**
- 21 **services for dates of service after December 31, 1997, and**

before January 1, 2004; and

(2) for which payment has been denied because the claim:

(A) was not resubmitted within the time limits in 405 IAC 1-1-3(b), Chapter 10, Section 5 of the Indiana Health Coverage Programs Provider Manual, or any other statute, rule, or policy after the claim was denied; or

(B) was not paid for any reason, if the initial claim for the dates of service was submitted within the Centers for Medicare and Medicaid Services federal time limit required by 42 CFR 447.45(d).

(c) Not later than ninety (90) days after the effective date of this SECTION, all claims for a payment required by subsection (b) shall be:

(1) paid; or

(2) denied for a reason other than untimely submission.

(d) This SECTION expires December 31, 2004.

SECTION 3. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "bureau" refers to the bureau of developmental disabilities services established by IC 12-11-1.1-1.

(b) The bureau may not deny payment for services provided under an individual community living budget (including an individual community living budget that resulted in incorrect payments to providers due to delays in the state system) because the individual community living budget has not been approved, if the individual community living budget:

(1) was completed by the provider of the services and signed by the district office of the bureau;

(2) was submitted to the central office of the bureau after it was completed by the provider and signed by the district office; and

(3) has not been approved or denied by the central office of the bureau.

(c) All individual community living budgets described in subsection (b) for dates of service after December 31, 1997, and before March 1, 2004, shall be considered to be approved by the bureau.

(d) Not later than ninety (90) days after the effective date of this SECTION, all claims for a payment required by subsection (b) shall be:

(1) paid; or

(2) denied for a reason other than failure of the central office of the bureau to act on the individual community living budget.

- 1       **(e) This SECTION expires December 31, 2004."**
- 2       Renumber all SECTIONS consecutively.  
      (Reference is to ESB 359 as printed February 13, 2004.)

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Representative Brown C